

LYNN PARKS & RECREATION

250 COMMERCIAL STREET

LYNN, MA 01905

781-477-7123

Please Print Clearly:

Name of Playground_____

Name of Child_____ Sex_____

Age_____ Date of Birth_____

Telephone #_____

Address_____ Zip Code_____

School_____ Grade_____

In Case of Emergency, Please List Two People Who We Should Contact:

1. Name_____

Relationship_____

Address_____

Phone 1_____

Phone 2_____

E-mail Address_____

2. Name:_____

Relationship_____

Address_____

Phone 1_____

Phone 2_____

E-mail Address_____

DOES YOUR CHILD HAVE ANY:

☐ Limitations

☐ Illnesses

☐ Allergies

If YES, please list & explain:_____

WE, OF THE LYNN PARKS & RECREATIONG PROGRAM, WILL TAKE ALL PRECAUTIONS AGAINST ANY CAULTIES OCCURING WHILE THE CHILDREN ARE INVOLVED IN OUR ACTIVITIES. HOWEVER, WE ARE NOT FINANCIALLY OR LEGALLY RESPONSIBLE FOR ACCIDENTS THAT MAY HAPPEN WHILE THE CHILDREN ARE IN OUR PRESENCE. BEFORE YOUR CHILD MAY BE ENROLLED IN OUR SUMMER PROGRAM, YOU MUST UNDERSTAND OUR POSITION AND ACCEPT IT BY SIGNING BELOW.

Parent's Signature:_____

Date:_____